FISCAL AGENT FOR

The Colorado Medical Assistance Program



Provider Enrollment P.O. Box 1100 Denver, CO 80201-1100 303-534-0146 1-800-237-0757 Fax: 303-534-0439

Re: Electronic Monitoring

Dear Colorado Medical Assistance Program Provider Applicant:

Thank you for your interest in becoming a Colorado Medical Assistance Program Electronic Monitoring provider.

Please submit the completed Provider enrollment forms to the fiscal agent, along with the following information:

- Services you are certified to provide
- Qualifications to provide such services
- List of counties in service area
- Copies of license (if applicable)
- Proof of insurance

We have enclosed the following:

- 1) A list of Single Entry Point Agencies and Community Mental Health Centers,
- 2) Minimum insurance requirements, and
- 3) Colorado Medical Assistance Program Rules and Regulations order form (Rules are also available on-line at http://www.chcpf.state.co.us/HCPF/refmat/Reference_Include.asp, Staff Manual Volume 8 State Rules concerning Medicaid).

Providers are reminded that a transfer of ownership terminates the Colorado Medical Assistance Program Provider Participation Agreement. New owners must re-apply and complete a new Colorado Medical Assistance Program Provider Participation Agreement in order to participate in the Colorado Medical Assistance Program.

For further assistance, please contact Colorado Medical Assistance Program Provider Services at: 303-534-0146 or 1-800-237-0757 (Toll free Colorado).

Sincerely,

The Colorado Medical Assistance Program